Fill ir	n this information	to identify your case					Check on Form 122	e box only as directed in thi	s form and in
Deb	otor 1	Jamshidbek		Alidjonov	,				
		First Name	Middle Name	Last Name				re is no presumption of abu	
	otor 2 ouse, if filing)	First Name	Middle Name	Last Name			of abus	calculation to determine if a see applies will be made und	ler Chapter 7
					Dannardran	-!-		Test Calculation (Official F	
Unit	ted States Bankr	uptcy Court for the:	Easter	rn District of	Pennsylvan	па		Means Test does not apply ified military service but it c	
	se number nown)						Check	if this is an amended filing	
								3	
<u>Offi</u>	icial Form	122A-1							
Ch	apter 7 S	Statement	of Your	Curren	t Mont	hly I	ncome		12/19
attach and ca becau with tl	n a separate shee ase number (if ki use of qualifying his form.	et to this form. Includ nown). If you believe	de the line number that you are exen nplete and file <i>Stat</i>	to which the a	additional info	ormation of abuse	applies. On the to because you do no	r being accurate. If more s p of any additional pages, ot have primarily consume er § 707(b)(2) (Official Form	write your name r debts or
1. \	What is your mar	rital and filing status	? Check one only.						
[Not married. F	Fill out Column A, line	es 2-11.						
		our spouse is filing	•			2-11.			
ţ		our spouse is NOT f							
		the same household						cking this box, you declare	
	under pe	enalty of perjury that y	ou and your spous	se are legally s	eparated und	ler nonba	nkruptcy law that a	pplies or that you and your	
	·	are living apart for rea							
101 vari exa	(10A). For examplied during the 6 n	ple, if you are filing of months, add the incor	n September 15, the me for all 6 months	ne 6-month per and divide the	riod would be total by 6. Fil	March 1	through August 31. esult. Do not include	ou file this bankruptcy case If the amount of your mont e any income amount more have nothing to report for a	hly income than once. For
							Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	Your gross wage deductions).	es, salary, tips, bonus	ses, overtime, and	commissions	(before all pa	ayroll	\$0.0	0 \$0.00	
	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.						\$0.0	0 \$0.00	
) u r	your dependents unmarried partner roommates. Inclu	n any source which a s, including child sup r, members of your h ide regular contribution ents you listed on line	pport. Include regulousehold, your depons from a spouse	\$0.0	<u> </u>				
	Net income from or farm	operating a busines	s, profession,	Debtor 1	Debtor 2				
(Gross receipts (be	efore all deductions)		\$0.00	\$2,520.53				
(Ordinary and nec	essary operating exp	enses	- \$0.00	- \$0.00				
١	Net monthly incor	me from a business, _l	profession, or farm	\$0.00	\$2,520.53	Copy here →	\$0.0	0 \$2,520.53	
6. N	Net income from	rental and other rea	l property	Debtor 1	Debtor 2		·	<u> </u>	
		efore all deductions)		\$0.00	\$0.00				
		essary operating exp	enses	- \$0.00	- \$0.00				
				\$0.00	\$0.00	Сору			
1	Net monthly incor	me from rental or other	er real property	Ψ0.00	Ψυ.υυ	here →	\$0.0	0 \$0.00	
7. I	Interest, dividend	ds, and royalties					\$0.0		

Debto	r 1 Jamshidbek D0C 3	Document	Page 2 of	2/20/24 19:3 3 Case n	7.24 Desc Mair umber (if known)	1
	First Name Middle Name	Last Name	3.5			ı
				Column A Debtor 1	Column B Debtor 2 or non-filing spouse	
	8. Unemployment compensation			\$0.00	\$0.00	
	Do not enter the amount if you contend that the a under	amount received was a b	benefit			
	the Social Security Act. Instead, list it here:		↓			
	For you	<u></u>	\$0.00			
	For your spouse	<u> </u>	\$0.00			
	9. Pension or retirement income. Do not include an benefit under the Social Security Act. Also, except do not include any compensation, pension, pay, a United States Government in connection with a condition disability, or death of a member of the uniformed retired pay paid under chapter 61 of title 10, then that it does not exceed the amount of retired pay entitled if retired under any provision of title 10 of 10. Income from all other sources not listed above Do not include any benefits received under the received as a victim of a war crime, a crime aga domestic terrorism; or compensation, pension, pens	pt as stated in the next sannuity, or allowance padisability, combat-related services. If you received include that pay only to to which you would other than chapter 61 of the Specify the source and Social Security Act; pay ainst humanity, or international, annuity, or allowance and disability, combat-reuniformed services. If new annuity in the new and the adisability, combat-reuniformed services.	sentence, aid by the d injury or d any the extent erwise be hat title. d amount. ments ational or be paid by elated	\$0.00	\$0.00	
10	otal amounts from separate pages, if any.			^	+ <u></u>	4
	 Calculate your total current monthly income. A each column. Then add the total for Column A to 			\$0.00	+ \$2,520.53	Total current monthly income
Part	2: Determine Whether the Means Test Ap	oplies to You				
12. Ca	Iculate your current monthly income for the year.					
12	a. Copy your total current monthly income from line			Copy line 11 here →	\$2,520.53	
	Multiply by 12 (the number of months in a year).				x 12	
12	b. The result is your annual income for this part of			12b.	\$30,246.36	
13. Ca	Iculate the median family income that applies to y	ou. Follow these steps:			L	
Fill	in the state in which you live.	Pennsylvania				
Fill	in the number of people in your household.	5				

14a. Line 12b is less than or equal to line 13. On the top of page 1, check box 1, *There is no presumption of abuse.*Go to Part 3. Do NOT fill out or file Official Form 122A-2.

instructions for this form. This list may also be available at the bankruptcy clerk's office.

14b. Line 12b is more than line 13. On the top of page 1, check box 2, The presumption of abuse is determined by Form 122A-2. Go to Part 3 and fill out Form 122A-2.

Entered 12/20/24 19:37:24 Case 24-14560 Jamshidbek Doc 3 Debtor 1

First Name

Page 3 of 3

Part 3:

Middle Name

Sign Below

By signing here, I declare under penalty of perjury that the information on this statement and in any attachments is true and correct.

X /s/ Jamshidbek Alidjonov

Signature of Debtor 1

Date 12/20/2024

MM/ DD/ YYYY

If you checked line 14a, do NOT fill out or file Form 122A-2.

If you checked line 14b, fill out Form 122A-2 and file it with this form.